

Tempe's BEST Program

Westside Multigenerational Ctr., 2nd Floor 715 W. 5th St., Tempe, AZ 85281 Phone number: (480) 401-5631

Fax number: (480) 858-2431

To whom it may concern:

The City of Tempe has a pilot program for individuals with developmental disabilities who want to work in a competitive employment setting. The program is being funded in part by the Arizona Developmental Disabilities Planning Council (ADDPC).

Tempe's "Building Employment Supports and Training" (BEST) program will help applicants apply for city jobs with supports. When hired, they will become BEST participants and receive on-site supports, training, and benefits counseling.

This packet has the application form, a certification form for your VR counselor or DDfocused agency case manager to indicate that you are being referred for consideration by the program, and further information that answers questions you might have.

Program criteria are:

- 18 years or older (no applicants under 18 will be accepted)
- Have at least a high school diploma (or a General Equivalency Diploma)
- Must have a developmental disability (see below)
- Be able to pass a hiring background check and drug test
- Be a client of VR with an active and open case (currently receiving services)
 - o Non-government DD-focused agencies are also eligible to make referrals
 - o These agencies' referrals should **preferably** have an open case with VR
 - o If with the Div. of Dev. Disabilities (DDD) only, need to be a VR client
- **Please note:** Non-VR applicants can apply with a referral from a DD-focused agency. These applicants **may need** to apply for VR **after** applying for BEST.

Important: Applicants must meet the federal definition of "developmental disability." This definition is found in the Developmental Disability Act of 2000. The packet has more information as to what that means and provides examples of what they are.

If you are interested in the BEST program, please complete all materials and submit them through regular mail (to the address provided above) or e-mail the program coordinator at: max_ryser@tempe.gov. Questions are welcome by phone or e-mail.

(Note: We welcome all applications. If an applicant has DDD services, a referral to VR will be required as we move forward to ensure supports, as needed. For more details, see the "Frequently Asked Questions" section.)



Applicant Information

Name:	
Full home address:	
Phone:	E-mail:
<u>Legal Guard</u>	lian Information (if applicant has one)
Name:	
Full home address:	
Phone:	E-mail:
can be a court order, or a Permanent Guardian and	guardian, proof of guardianship is necessary; this signed and notarized Letter of Appointment as a Acceptance of Letter issued by a court of law.) Ior or DDD Case Manager Information
Name:	Position name:
Agency name:	
Full work address:	
Phone:	E-mail:
(Note: A case manager a	at a DD-focused agency can fill out the above, too.)
Emergency contact	t information (for applicant and/or guardian)
Name:	Phone:
Relationship:	E-mail:



7-1-44

CITY OF TEMPE BEST PROGRAM APPLICATION

Social Security Benefit Status (for benefits counseling)

Do you receive SSI or SSDI? If yes, which one? Both? Circle one:

SSI SSDI BOTH NEITHER

Permission for Media Use of Imagery or Voice Recordings

Do you consent to the use of your image in publicity materials? Circle one:

YES NO

Job Information (if none, leave this section blank)

<u>JOD # 1</u> :		
Company:	Position:	_ Dates worked:
Duties:	Supervisor'	s Name:
Phone Number:	Reason for Leaving:	
<u>Job # 2</u> :		
Company:	Position:	_ Dates worked:
Duties:	Supervisor'	s Name:
Phone Number:	Reason for Leaving:	
<u>Job # 3</u> :		
Company:	Position:	_ Dates worked:
Duties:	Supervisor'	s Name:
Phone Number:	Reason for Leaving:	

If you have a resume, please include it with this application.



Referral and Accommodations Section for Counselor or Case Provider

This section explains criteria for the BEST program. It also doubles as a referral form to be completed by a VR counselor or a DD-focused agency case provider. A signature

from a counselor or provider does no	ot indicate that an eligibility decision has been made
	out only acknowledges that their client matches the isions are made by the BEST program coordinator.
Name of applicant:	
Program c	riteria for consideration
Act of 2000's definition of "developmentation of seven per that occurs before an individual is 22 results in substantial functional limits care, receptive and expressive languages."	elopmental Disabilities Assistance and Bill of Rights nental disability." It is: "a severe, chronic disability 2 years old that is likely to continue indefinitely and ations in three or more of the following areas: selfage, learning, mobility, self-direction, capacity for lf-sufficiency" (as taken from ADDPC's grant).
Disabilities may	v include but are not limited to:
Cerebral PalsyDown Syndrome	Asperger's SyndromeFetal Alcohol Syndrome
Does the applicant have a	case open with VR and DDD? <u>Circle one</u> :
Y	YES NO
Reasonable Ac	commodations for Applicant
· · · · · · · · · · · · · · · · · · ·	counselor or case provider explaining what job for the applicant if hired by the City of Tempe.
and hereby recommend this person in	edge the applicant matches the criteria listed above, for consideration by Tempe's BEST program. There ill be picked for the BEST program or employment.
Signature:	Date:



Expectations for Applicants/Participants

- 1. Treat people with respect. Treat them with kindness.
- 2. Let the BEST program coordinator know if someone is not treating you nicely.
- 3. You will follow directions from the BEST program coordinator and city staff.
- 4. For applicants who are hired, they agree to follow city rules.
- 5. If you have a work problem, you will tell the BEST program coordinator.

Participants who work for Tempe understand that their employment depends on their status with BEST. If there are unresolvable instances of inappropriate behavior, non-attendance or not following instructions, they may be dismissed from the program.

Initials of Applicant: _____

Expectations for Legal Guardian (if applicable)

- 1. You must be reachable and available in case of an emergency.
- 2. You agree to communicate fully and expeditiously with BEST staff.
- 3. You will pick up the participant immediately without delay, if needed.
- 4. You will designate someone as a backup, to come pick up the participant, as needed, and will provide proof of authorization to the BEST program in advance.
- 5. You understand that BEST is not "daycare" nor an adult supervision program.
- 6. You understand applicants, if employed, would be working in an integrated work setting; this means participants will need to share responsibility for actions.

Initials of	ⁱ Legal	Guardian:	
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(Note: Initials indicating agreement are <u>required</u> above.)



Agreement for Applicant/Legal Guardian

You agree to be considered for BEST and potential employment by the City of Tempe. The application process may include an interview with the BEST coordinator. If you are hired as a city employee, you will become a BEST program participant. Non-identifiable demographic information (e.g., race, gender, age, zip code) will be collected for our needs and for grant purposes. If hired, you will receive on-site support from Tempe's BEST program and partners. If you are not hired, you can ask to either be put into a group of waiting applicants to try and apply for another job, or have your file closed.

Signatures

Applicant

lame:	
ignature:	
Pate:	
Legal Guardian (if applicant has one)	
lame:	
iignature:	
Pate:	
Relationship to Applicant:	

Submit All Materials To:

Tempe's BEST Program, c/o Program Coordinator Westside Multigenerational Center, 2nd Floor 715 W. 5th St., Tempe, Arizona 85281

Thank you for your interest!



Release of Information Section

This form will authorize sharing of confidential information between the BEST program and other agencies or service providers. The information shared or collected will be kept confidential. (For first-time applicants, please write the information of the referring agency below.)

Personal Information

Name:	Birthdate:
Full address:	
Phone:	E-mail:
	Disclosure of Information
	to release mm. The address of the authorized person or agency . The full phone number is: he e-mail address is:
exchange information about mand all other instances of infor	or person named here may discuss and/or my case regarding work, general performance, rmation for support/logistical purposes. In of the applicant/participant's involvement in BEST.
	nature of Agreement
Name:	Date:
If you have a legal gu	lardian, they are to sign and date below.
Name:	Date:
consent from your client to commu	se use <u>your</u> agency's release form in obtaining unicate with us. If information is being requested ember, the Division's Authorization to Disclose

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information form must be used and signed by the member, parent, or Guardian.)



Demographics Data Collection Section

This form collects information about you. Please read and answer every question. Do not put your name or contact information on this form. The purpose of this form is to gather demographics about you. All information will be treated in strict confidence and will be kept anonymous.

Age:	_ Gender:	Residential zip code:		
Race/Ethnicity:	· · · · · · · · · · · · · · · · · · ·			
(Exar	nples: African-America	an, Hispanic, Asian, or Caucasian)		
Primary language spoken at home:				
(Exa	mples: ASL, English, S	Spanish, Vietnamese, or Russian)		
Years of Work Expe	erience:			
Education level (circle one):				
High School G	raduate Some Co	ollege College Graduate (Associate's)		
College Graduate	(Bachelor's or above)	Professional or Vocational Certificate		
	Referring Ag	gency (circle one):		
AZ Vocational	Rehabilitation	Division of Developmental Disabilities		
Devel	lopmental Disability-fo	ocused agency (e.g., TCH, STARS)		
Name	e of Agency:			

Thank you! All done!

Please submit this with your application.



Frequently Asked Questions (FAQ)

This section is meant to help clarify any initial questions anyone may have about the BEST program. Applicants, their families, and program staff can reach out to the BEST program coordinator if they have further questions.

• Where does the BEST program get its funding from?

The program receives funding in part from the Arizona Developmental Disabilities Planning Council (ADDPC). The BEST program is a grant-based program and is renewable for up to three years. The goal is to make it a permanent program.

Will positions that participants are hired into end if the program stops?

The program is focused on funded part-time and full-time positions with the City of Tempe. These jobs are funded by their departments. If the BEST program stops, they are expected to continue for as long as the hiring department funds them. Many part-time jobs with the City of Tempe have existed for many years.

Why do applicants have to come from VR or DD-focused agencies?

The grant specifies that the BEST program cannot ask about an applicant's disability. To ensure appropriate spending of funding dollars, the program is using VR and DD-focused agencies to pre-screen candidates to make sure they match with the criteria as outlined by the Developmental Disabilities Act of 2000.

What process can applicants expect to go through with BEST?

A program interview will be done. Eligible applicants will go through the BEST "personal genius" discovery process. This is where the coordinator and applicant explore the applicant's strengths, weaknesses, and their career interests. The coordinator will talk to the applicant's counselor or case provider, too. A "work themes" report will be shared with agency staff and applicant to make sure it is accurate. This is done to make sure of the best possible match between jobs and applicants. The program coordinator will help with job-matching. Job leads will be provided. There will need to be a job application done for each position. People who are hired will receive general benefits counseling to help keep their benefits (e.g., SSI, SSDI) while working. After they are hired, they become a participant. Coordinator will facilitate support from within and outside Tempe.



Frequently Asked Questions (FAQ) – continued from previous page

Are there other steps of the process involved that need to be known?

After participant is hired, a meeting will be convened between BEST and the referring agency to agree on supports, the roles of people involved, and what will be done to support the participant in their new job. This may include job coaching, information and referral, advocacy, and benefits counseling. Supports will be put into a plan, like what is seen with Individual Education Plans (IEP) in schools for students with disabilities. The coordinator will keep in contact with everyone and remain in a consultative role to ensure there are no problems.

What other benefits are available to participants once hired?

Participants will receive one-on-one training. It will help them prepare for and retain their jobs. Their workgroups (people who they will be working with) will also receive training to help them understand how to better work with individuals with developmental disabilities. This will ensure a smooth transition for both. At the same time, disability awareness training for city employees will be done to help promote a culture of diversity and disability acceptance within the City. This will ensure that participants are treated with sensitivity and understanding.

• What about potential applicants from the Div. of Dev. Disabilities?

They are welcome, but if they are not with VR, they need to open a case with them. BEST has been advised by DDD that this is the way it should be done.

• Are there any income requirements for applying to the program?

No. There is no income threshold required for applying to the program.

- Who are a few of the BEST Program's partners?
 - Ability 360
 - SARRC

- First Place Arizona
- The Centers for Habilitation

END OF FAQ – MORE QUESTIONS? PLEASE CALL/E-MAIL!